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William Marovitz
Iris Y. Martinez
Cora McGruder
Miki Pavelonis

Secretary Shirley McCombs

Deputy Chairs Sam Flood Bobby Rush

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<u>Director of Registration</u> Joseph Mario Moreno

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General Counsel Michael Kasper

Shirley McCombs Chuck Hartke Miki Pavelonis Yince Demuzio Illen Sinclair November 13, 2000

Mr. Jeff S. Jordan
Supervisory Attorney
Central Enforcement Docket
Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

Re: MUR 5127

Dear Mr. Jordan:

On behalf of myself, and my clients, the Democratic Party of Illinois, Michael J. Madigan, as its Chairman, and Timothy Mapes, I am writing in response to your correspondence of November 1, 2000 regarding the Complaint in the above referenced matter. Specifically, I am writing to request an extension of thirty (30) days in which to respond to the Complaint. We request the additional time because the Complaint was filed just prior to the General Election, making it impossible to review all of the necessary files, some of which are as many as three years old, and prepare a response in as timely a manner as would be possible at other times of the year. I have also enclosed a completed Designation of Counsel Statement.

Mr. Jeff Jordan November 13, 2000 Page 2 of 2

Thank you for your consideration of this request. If you require any further information please contact me at your earliest convenience.

Sincerely

Michael J. Kasper

MJK/vgm Encl.

STATEMENT OF DESIGNATION OF COUNSEL

MUR5127	
NAME OF COUNSEL:	Michael J. Kasper
FIRM:	· · · · · · · · · · · · · · · · · · ·
ADDRESS:	222 North LaSalle, Suite 300
	Chicago IL 60601
TELEPHONE:(312)	•
FAX:(312)_	368.4944
11/14/00 V	Signature
RESPONDENT'S NAME:	Timothy D. Mapes
ADDRESS:	PO Box 518
	Springfield IL 62705
TELEPHONE: HOME()	
RUSINESS(217)	528 3471

STATEMENT OF DESIGNATION OF COUNSEL

MUR5127	
NAME OF COUNSEL:	Michael J. Kasper
FIRM:	
ADDRESS:	222 North LaSalle, Suite 300
· ·	Chicago IL 60601
TELEPHONE:(312) 704.3292
FAX:(312)368.4944
and is authorized to recei	ndividual is hereby designated as my counsel ive any notifications and other communications to act on my behalf before the Commission. Signature
RESPONDENT'S NAME:_	Michael J. Madigan
ADDRESS:	PO Box 518
	Springfield IL 62705
	<u>:</u>
TELEPHONE: HOME(528 3471